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for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must WOOD, HERRON & EVANS, LLP have its own certificate of mailing or transmission. 2700 Carew Tower **Certificate of Electronic Transmission** 441 Vine Street I hereby certify that this Fee(s) Transmittal is being electronically transmitted to Cincinnati, Ohio 45202-2917 the USPTO (571) 273-2885, on the date indicated below. Jane A. Walker (Depositor's nam /Jane A. Walker/ (Signature April 20, 2012 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/700,738 11/04/2003 MDX-297 Brian Pope 4966 TITLE OF INVENTION: Syringe Pump Rapid Occlusion Detection System APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$300.00 04/23/2012 Non-Provisional \$1,740.00 \$2,040.00 **EXAMINER** ART UNIT CLASS-SUBCLASS A. M. Gilbert 3767 604-131 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list (1) the names of up to 3 registered patent Address" (37 CFR 1.363). 1 Wood, Herron & Evans, LLP attorneys or agents OR, alternatively, Change of correspondence address (or Change of (2) the name of a single firm (having as a member Correspondence Address form PTO/SB/122) attached. a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication up to 2 registered patent attorneys or agents. If no form PTO/SB/47: Rev 03-02 or more recent) attached. name is listed, no name will be printed. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Smiths Medical ASD, Inc. Rockland, Massachusetts Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): x | Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card via concurrent electronic submission. Publication Fee (No small entity discount permitted) Advance Order -# of Copies The Director is hereby authorized to credit any overpayment, to Deposit Account Number 23-3000 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE. The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature April 20, 2012 /kurt l grossman/ Date Kurt L. Grossman Registration No. 29,799 Typed or printed name